



OUTPATIENT PHARMACY (OP)

USER MANUAL

Version 7.0
December 1997

(Revised August 2003)

Revision History

The table below lists changes made since the initial release of this manual. Each time this manual is updated, the Title Page lists the new revised date and this page describes the changes. Either update the existing manual with the Change Pages Document, or replace it with the updated manual.

Note: The Change Pages Document may include unedited pages needed for two-sided copying. Only edited pages display the patch number and revision date in the page footer.

Date	Revised Pages	Patch Number	Description
08/2003	i-xiv 2 191-210	PSO*7*145	Updated Related Manuals list to reflect latest version of the <i>Outpatient Pharmacy V. 7.0 Technical Manual/Security Guide</i> and to include <i>Transitional Pharmacy Benefit Release Notes Phase I</i> and <i>Transitional Pharmacy Benefit Installation Guide Phase I</i> . Added Appendix D, which includes information regarding Phase I of the Transitional Pharmacy Benefit (TPB) project. Added TPB entry to Index. Renumbered pages from Revision History through TOC and from Appendix D to end. Added TPB entry to Table of Contents.
07/2003	2 69b 76 89-90 124b 144-145 168b	PSO*7*131	Added information on changes to finishing and releasing orders associated with the Electronic Order Entry for Schedule II Controlled Substances pilot project Noted new “F”/Non Refillable code added to DEA SPECIAL HANDLING field. NOTE: Changes to finishing pending orders and releasing orders associated with digitally signed orders will not be fully functional beyond the pilot test sites at this time.

Revision History

[illegible]

Date	Revised Pages	Patch Number	Description
12/2002	i, ii; (35)-36.	PSO*7*122	Edited Section 5.1.4. to reflect that the Register Clozapine Patient option no longer checks for ZIP code, date of birth, race, and ethnicity.
12/2002	i.-ii.; (vii)-viii 95-(96), 97-98, 99-(100); (193)-194 195-196	PSO*7*127	Updated Revision History page, Table of Contents, and Index. Added the Patient Address Changes Report option to the Supervisor menu. Inserted a new subsection for the Patient Address Changes Report option, causing subsections to renumber.
02/2002	i.-ii.; v.-xii.; (1)-2; 9-(10), 13-(16); 38a-38b 93-94, (147)-(150); 193-194; (3)-6, 75-(76), (161b)-162, 167-(168), (185)-186, 190a,190b.	PSO*7*97	Reissued corrected pages released with patches PSO*7*71 and PSO*7*80. Corrected PSO*7*80 release date and updated changed/unchanged pages listed in Revision History; Corrected Table of Contents typographical errors (Change Pages document only); Corrected revised date for Technical Manual/Security Guide; Corrected error in header (pp. 9, 13 and 15); Corrected page numbering in full manual only; Renumbered subsections and corrected order of options to match menu list (pp. 148-149 only); Update Index for Free Text Dosage Report; Corrected footer information (date and patch number).
11/26/01	i., (ii), v-xii (1)-4, 5-6 37-38f (55)-(58), 61-(64), 69, 69a-b, 70, 75-78, 91-94, (119)-120, (123)-124b, 125-126, (129)-132 (145)-148, 157-(162), 167-168b 185-186 190a-190b	PSO*7*71 PSO*7*80 PSO*7*71 PSO*7*80 PSO*7*71	Updated Revision History and Table of Contents. Combined Copay menu Remove Copay Charge and Reset Copay Status options into a Reset Copay Status/Cancel Charges option. Updated Output Reports Menu Completely revised Section 6. "Handling Copay Charges." Inserted new "Free Text Dosage Report [PSO DOSAGE REPORT]" option and adjusted subsequent report sections. Updated sections in "Outpatient Pharmacy Manager Menu", "Pharmacist Menu", and "Pharmacy Technician's Menu" on copay checks, release functions and activity logs. Included expanded explanation of the CONJUNCTION field and that a default QTY is not calculated when EXCEPT is used in a complex order. Included unchanged pages needed for two-sided copying (shown in parentheses). NOTE: Inserted additional text shifted some unchanged text from original page locations.
09/24/01	All pages	N/A	Complete revision. Added Revision History Page. Re-formatted the entire manual to meet national and local documentation standards. Updated <i>Rx Processing</i> and <i>Patient Prescription Processing</i> options to reflect changes from the Pharmacy Ordering Enhancements (POE) project, for Outpatient Pharmacy, patch PSO*7*46. Updated Appendix A, "Creating the Sig," and added Appendix B, "Calculating Qty."
12/97			Original release of V. 7.0 User Manual.

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Preface

This user manual describes the functional characteristics of Outpatient Pharmacy V. 7.0. It is intended for pharmacists and technicians who are familiar with the functioning of Outpatient Pharmacy in a VA Medical Center.

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Introduction

The Outpatient Pharmacy (OP) software provides a way to manage the medication regimen of veterans seen in the outpatient clinics and to monitor and manage the workload and costs in the Outpatient Pharmacy. The Pharmacy Ordering Enhancements (POE) project (patch PSO*7*46 for Outpatient Pharmacy) improves the flow of orders between Inpatient and Outpatient Pharmacy as well as between Computerized Patient Record System (CPRS) and backdoor pharmacy.

The primary benefits to the veteran are the assurance that he or she is receiving the proper medication and the convenience of obtaining refills easily. The clinicians and pharmacists responsible for patient care benefit from a complete, accurate, and current medication profile available at any time to permit professional evaluation of treatment plans. Utilization, cost, and workload reports provide management cost controlling tools while maintaining the highest level of patient care.

Special Notations and Conventions

Certain symbols and formats are used in this manual to make it easier to read.



Required security key. This picture is shown for options that are locked and cannot be used unless the user holds the correct security key.



Take note. Helpful hints and information will be noted with this picture.

Important notices may be enclosed in a box.

- Menu options will be shown in italics, for example: *Patient Prescription Processing*.
- Screen captures, or examples of what the user should see on the computer screen, will be shaded.
- Responses typed in by the user will be shown as bolded and underlined.
`Select Orders by number: (1-6): 5`
- **<Enter>** will be shown on examples when the user can press the Enter or Return key instead of typing in a response. Pressing the Enter key will accept any default value shown to the left of the double slash (/).
`All Patients or Single Patient: (A/S/E): SINGLE// <Enter> SINGLE`
- Question marks. On-line help can be displayed by typing in one, two, or three question marks. One question mark will show a brief explanation. Two question marks will display more information and hidden actions. Three question marks will provide the most detail, which may include a list of possible responses.

Related Manuals

Outpatient Pharmacy V. 7.0 Release Notes

Outpatient Pharmacy V. 7.0 Technical Manual/Security Guide (revised November 2001)

Computerized Patient Record System Installation Guide

Computerized Patient Record System Set-up Guide

Pharmacy Ordering Enhancements (POE) Implementation Guide

Pharmacy Ordering Enhancements (POE) Installation Guide

Pharmacy Ordering Enhancements (POE) Phase Two Release Notes

Outpatient Medication Copay Release Notes

Laser Printed Prescription Labels with PMI Sheets Phase I Release Notes

Electronic Order Entry for Schedule II Controlled Substances Release Notes

Transitional Pharmacy Benefit Release Notes Phase I

Transitional Pharmacy Benefit Installation Guide Phase I

Appendix D

Transitional Pharmacy Benefit (TPB) Phase I (PSO*7*145 and SD*5.3*300)

This Appendix describes the functionality specific to the Transitional Pharmacy Benefit (TPB) Phase I project.

TPB Phase I Functionality

Phase I includes the TPB functionality for patches PSO*7*145 and SD*5.3*300, which consist of the following:

- Identifies veterans at each facility who are eligible for the benefit
- Customizes letters to veterans with site-specific information
- Prints letters for the TPB eligible veterans
- Prints a report of the identified veterans
- Adds options to enter or inactivate veterans in the eligible file
- Generates a message to the patch installer and to designated Office of Information staff members for reporting purposes, listing the following:
 - ❑ Total number of eligible patients
 - ❑ Total number of ineligible patients excluded for the program due to specific criteria
 - ❑ Time required to complete the job

TPB Outpatient Pharmacy File Modifications

This section details the following new and modified files:

- TPB ELIGIBILITY file (#52.91)
- TPB INSTITUTION LETTERS (#52.92)

TPB ELIGIBILITY File (#52.91)

The TPB ELIGIBILITY file stores data of patients who are eligible for TPB. Three algorithms — Electronic Wait List (EWL), Scheduling (both executed by patch SD*5.3*300) and Pharmacy (executed by patch PSO*7*145) — are run at each site to determine TPB patient eligibility and placement.

This file is populated as part of the installation of PSO*7*145. This file stores information related specifically to veterans who are eligible for the TPB program or who met some eligibility requirements, but who were excluded from the initial list of eligible veterans. Those veterans excluded had a primary care appointment date less than 30 days from the date the appointment was made or at least one active prescription on file in the past year plus 120 days.

The TPB ELIGIBILITY file contains the following 12 fields:

PATIENT
DATE PHARMACY BENEFIT BEGAN
INACTIVATION OF BENEFIT DATE
INACTIVATION REASON CODE
DESIRED APPOINTMENT DATE
WAIT TYPE
STATION NUMBER
INSTITUTION
EXCLUSION REASON
PRIMARY CARE SCHEDULE APT DATE
RX #
DATE LETTER PRINTED

TPB INSTITUTION LETTERS File (#52.92)

Each eligible veteran receives a letter stating he or she is eligible for the TPB program. Each letter contains information specific to the institution from which the letter is generated and from which the veteran receives TPB program services.

The TPB INSTITUTION LETTERS file stores the letter data that is specific to each institution. The INSTITUTION field in this file is initially populated based on the INSTITUTION field entries from the TPB ELIGIBILITY file.

The user may manually add or edit all fields, except INSTITUTION, in the TPB INSTITUTION LETTERS file through the new *TPB Institution Letter Enter/Edit* option.

The TPB INSTITUTION LETTERS file (#52.92) fields are as follows:

INSTITUTION
PARENT INSTITUTION
CONTACT PHONE #1
CONTACT PHONE #2
ADDRESS LINE 1
ADDRESS LINE 2
CITY
STATE
ZIP CODE
ADDRESS LINE 1 (MAILING)
ADDRESS LINE 2 (MAILING)
CITY (MAILING)
STATE (MAILING)
ZIP CODE (MAILING)
DIRECTORS SIG LINE 1
DIRECTORS SIG LINE 2
DIRECTORS SIG LINE 3

Electronic Wait List (EWL)/Scheduling Extract (SD*5.3*300)

The EWL/Scheduling logic contained in SD*5.3*300 helps identify veterans who meet specific criteria which define him or her as eligible to receive prescriptions through this benefit.

Logic performed in PSO*7*145 completes the evaluation of the EWL/Scheduling logic and populates the TPB ELIGIBILITY file (#52.91) with information related to the evaluated veterans. EWL, Scheduling, and Pharmacy algorithms are described as follows. This information helps the user evaluate a veteran who appeals his or her exclusion from the program.

EWL Algorithm

SD*5.3*300 evaluates each EWL entry to determine the TPB patient eligibility and populates a list with entries that meet the eligibility criteria. The EWL algorithm is as follows:

1. Each patient listed on the EWL is evaluated for the criteria listed below. If any of the criteria are found to be true, the patient is not defined as eligible for the TPB program and will not be included in the TPB ELIGIBILITY file based on the EWL entry.

Patient is deceased

Patient is not a veteran

Patient is ineligible

Invalid name value

Merged patient record

Merging patient record

Test patient

Not enrolled by date required (on or before 7/24/03) and enrollment status is not equal to "Not Enrolled"

EWL record is missing Originating Date

EWL entry Wait List Type is not 1, 2, 3, or 4

Patient not on EWL on or before 7/24/03 (Originating Date > 7/24/03)

2. Patient must be on waiting list (EWL) 30 days or longer,

Valid Wait List Types:

1 = PCMM Team Assignment

2 = PCMM Position Assignment

3 = Service/Specialty

4 = Specific Clinic

Include patient for Wait List Types 1 and 2 if today - Originating Date > 29 days

Include patient for types 3 and 4 if either one of the following is true: today

- Originating Date > 29 days or today - Desired Date > 29 days

3. The patient must be waiting for a clinic appointment that is equal to one of the 12 DSS 6-digit credit pairs listed below and defined as Primary Care for this program.

MD	NP	PA	CNS
322 000	322185	322186	322187
323 000	323185	323186	323187
350 000	350185	350186	350187

The patient will be added to the list of eligible patients if the evaluation passes all above criteria in items #2 and #3.

Scheduling Algorithm

In addition to the EWL algorithm, SD*5.3*300 runs a Scheduling algorithm to determine TPB patient eligibility and placement into the TPB ELIGIBILITY file (#52.91). The Scheduling algorithm is as follows:

1. Each patient listed in PATIENT file (#2) is evaluated for the criteria listed below. If any of the criteria are found to be true, the patient is not defined as eligible for the TPB program and will not be included in the TPB ELIGIBILITY file based on the search for scheduled appointments.
 - Patient is deceased
 - Patient is not a veteran
 - Patient is ineligible
 - Invalid name value
 - Merged patient record
 - Merging patient record
 - Test patient
 - Not enrolled by date required (on or before 7/24/03) and enrollment status is not equal to "Not Enrolled"
 - Future scheduled appointment with Date Appt. Made after 7/24/03
 - Future scheduled appointment is missing value for Date Appt. Made
2. The patient must have a scheduled appointment on 10/22/03 or later.
 - The appointment cannot be a cancelled appointment.
 - The veteran must have been waiting > 30 days from the time the appointment was entered in the computer to the time the appointment is to occur.
 - If above criteria fails, the patient is added to the list with an EXCLUSION REASON of "Actual Appt. < 30 days" from the date the appointment was made.
3. The patient must be waiting for a clinic appointment that is equal to one of the 12 DSS 6-digit credit pairs listed below and defined as Primary Care for this program.

MD	NP	PA	CNS
322 000	322185	322186	322187
323 000	323185	323186	323187
350 000	350185	350186	350187

4. Examine past encounters – the veteran cannot have had a Primary Care encounter within the past 2 years from 10/22/03. If such an encounter is found, the veteran is not eligible for the TPB program. If no encounter is found, the veteran is added to the list for further evaluation by the Pharmacy algorithm.

Pharmacy Algorithm

For each entry in the list created by SD*5.3*300, patch PSO*7*145 will run a Pharmacy algorithm to determine TPB patient eligibility based on active prescriptions and populate the TPB ELIGIBILITY file (#52.91). The following describes the Pharmacy logic performed.

1. Build TPB ELIGIBILITY file (#52.91).
2. Populate TPB ELIGIBILITY file with entries in list created by SD*5.3*300.
3. Evaluate entry in the list for “Active” Prescriptions.
4. Using the entries in the list, the issue date field in the PRESCRIPTION file (#52) is checked for each prescription. If the issue date is within the past 485 days from October 22, 2003, and the dispense drug is not marked as “S” or “I” in the DRUG file (#50) DEA, SPECIAL HANDLING field (#3), the veteran will be added to the TPB ELIGIBILITY file (#52.91) with an exclusion of “Active Rx.”

If no “Active Rx” is found, create entry for patient in TPB ELIGIBILITY file.

Mail Message

The system generates a mail message upon execution of the postinit routine. This message contains the following:

- Start and stop times of the job that creates the TPB ELIGIBILITY file and populates the TPB INSTITUTION LETTERS file.
- Number of patients included in the TPB ELIGIBILITY file who are eligible for the benefit upon installation of the patch and creation of the file.
- Number of patients in the TPB ELIGIBILITY file who are excluded from eligibility due to an exclusion (has an appointment less than 30 days from date appointment is made or has active prescriptions).
- Patients identified as potentially eligible who could not be entered into the TPB ELIGIBILITY file because an institution was found for the patient, but a station number could not be identified for that institution.

Note: The message notifies the site of the need to review the listed exceptions for possible manual entry.

This mail message is delivered to the patch installer and to specific Office of Information staff members who report the information to a nationally designated representative.

TPB Outpatient Pharmacy Options

Due to the controlled menu assignment of TPB, new stand-alone options provide the functions for implementing the TPB program for veterans. Individual sites can determine who at their locations can access these options.

Transitional Pharmacy Benefit Patient Enter/Edit Option [PSO TPB PATIENT ENTER/EDIT]

A new stand-alone option, *Transitional Pharmacy Benefit Patient Enter/Edit*, lets the user enter patients manually and/or inquire about patients who the user has created manually, or who the EWL/Scheduling extract has created automatically.

When the user manually enters the patient's name, the system prompts him or her to enter/edit the following information. Addition of a name to the TPB ELIGIBILITY file through this option automatically sets a WAIT TYPE of "M" (Manual).

PATIENT
INSTITUTION
STATION NUMBER
INACTIVATION OF BENEFIT DATE
INACTIVATION REASON CODE
*DATE PHARMACY BENEFIT BEGAN
*PRIMARY CARE SCHEDULE APT DATE
*DESIRED APPOINTMENT DATE
*WAIT TYPE
*EXCLUSION REASON
*RX #
*DATE LETTER PRINTED

* The fields marked with an asterisk (*) *cannot* be edited.

Field Requirements

The following functionality defines each field of the *Transitional Pharmacy Benefit Patient Enter/Edit* option:

Patient — The user enters patient name in this field. To determine if the patient name is valid, the user validates patient name against the TPB ELIGIBILITY file, then the PATIENT file. The patient must be in the PATIENT file before entry into the TPB ELIGIBILITY file is permitted.

Institution — Populated automatically by the EWL/Scheduling extract or entered manually by the user. This entry is required.

Station Number — Populated automatically by the EWL/Scheduling extract or can be entered manually. If the user enters the patient's name manually, then an attempt to obtain the clinic from the PATIENT file (#2) is performed to auto-populate the STATION NUMBER field. This field is required for a new entry.

Inactivation of Benefit Date — Identifies when the TPB benefit ends. The user may enter the date manually. The software automatically populates this field upon auto-creation and population of the TPB ELIGIBILITY file, if the active Rx check identifies prescriptions and/or patients who have a scheduled primary care appointment that meets the < 30 day criteria. The INACTIVATION REASON CODE and EXCLUSION REASON fields are also appropriately populated.

The user can delete this date to make a patient eligible for the benefit in case of an appeal or an entry made in error. The date entered in this field cannot be prior to the date the benefit began.

Inactivation Reason Code — Indicates why the benefit has stopped.

Note: This field is required when an INACTIVATION OF BENEFIT DATE is entered.

The user chooses one of the following reason codes:

1. Seen by VA Provider
2. No/Show/Cancellation
3. Patient Ended
4. Non-Formulary Rx not accepted
5. Patient Expired
6. All Rx's inactive
7. Exclusion (The user cannot select this entry. The EWL/Scheduling/Pharmacy extract sets this data.)
8. Patient refused appt

Deletion of INACTIVATION OF BENEFIT DATE deletes the INACTIVATION REASON CODE.

The following fields display on the screen, but *cannot* be populated or changed by the user:

Date Pharmacy Benefit Began — Date patient becomes eligible for the benefit. This field is automatically populated with the EWL/Scheduling/Pharmacy extract file creation date at the time the file is initially populated. If the user manually enters the patient's name into the file, this field contains the current date. This field is not editable.

Primary Care Schedule Apt Date — Set by EWL/Scheduling extract, obtained from the PATIENT file (#2), and used for statistical purposes only. This field is not editable.

Desired Appointment Date — Populated automatically by EWL/Scheduling extract and used for statistical purposes only. This field is not editable.

Wait Type — Populated automatically by the EWL/Scheduling extract or entered manually. When the user manually enters the patient's name, a WAIT TYPE of "M" (Manual) is automatically set. This field is used for statistical purposes only and is not editable.

The WAIT TYPES codes are as follows:

E = EWL

S = Schedule Appointment

X = S&E (Scheduling and the EWL)

M = Manual

EXCLUSION REASON — Populated automatically upon auto-create of the TPB ELIGIBILITY file if any of the following conditions are found:

- Patient has an Active Rx
- Actual Appt. < 30 days from Date Appt. Made
- Active Rx and Actual Appt. < 30 days from Date Appt. Made

Note: This field is not editable. If a veteran questions the reason he or she was determined ineligible for the TPB program, this field informs the user of the reason the software determined the ineligible status.

The EXCLUSION REASON displays on the TPB PATIENT report when the patient is flagged with an EXCLUSION REASON.

Rx # — Set in the TPB ELIGIBILITY file if the patient has EXCLUSION REASON “Patient has an Active Rx” or “Active Rx and Actual Appt. < 30 days from Date Appt. Made” obtained from the pharmacy logic as part of the auto-create. This field is not editable and can be referenced when addressing questions regarding veteran eligibility for the TPB program.

The Rx # displays on the *Transitional Pharmacy Benefit Patient Enter/Edit* option when the patient is flagged for the following EXCLUSION REASON:

- “Patient has an Active Rx” or
- “Active Rx and Actual Appt. < 30 days from Date Appt. Made”

The first Active Rx number the system finds for the veteran displays on the TPB Patient Report when the patient is flagged for EXCLUSION REASON:

- “Patient has an Active Rx” or
- “Active Rx and Actual Appt. < 30 days from Date Appt. Made”

Date Letter Printed — Most recent date that a letter was printed for the veteran who was deemed eligible for this benefit. This field is not editable and is set at the time the letter is printed.

TPB Patient Report **[PSO TPB PATIENT REPORT]**

A new stand-alone option, *TPB Patient Report*, prints a list of patients who are eligible and ineligible for the TPB program. The contents of this report come from the TPB ELIGIBILITY file.

The report contains the following data elements:

- Institution
- Patient Name (last 4 numbers of the SSN)
- Start Date (date patient became eligible for the TPB program)
- Stop Date (“inactivation of benefit date” for the patient)
- Letter Date (last date the patient letter was printed)
- Inactivation Reason (reason patient is no longer active for the TPB program)
- Exclusion Reason (if appropriate)
- Rx# (if appropriate)
- State

Note: Active state for this patient prints. The hierarchy of the print is 1) Confidential, 2) Temporary, and 3) Permanent. If either the Confidential or the Temporary address is active, then one of these states prints. If the Permanent address is active, then this state prints. The system makes a comparison, and if the states are different, then both state entries print, alerting the user of veterans with dual state residencies.

The report prints by institution and then patient name. The user can print one, all, or many institutions. When an institution is not associated with a patient, the patient's name prints at the end of the report and the institution is indicated as (NONE). If there is no data to print for an institution, the institution does not display on the report.

When sorting by patient name, the software provides the user several options:

- All patients, alphabetically
- Eligible patients, alphabetically

Note: For a patient to be eligible he or she must have a DATE PHARMACY BENEFIT BEGAN and no INACTIVATION OF BENEFIT DATE or future INACTIVATION OF BENEFIT DATE.

- Patients who are ineligible for benefit, alphabetically

Note: Ineligible patients have a past or current INACTIVATION OF BENEFIT DATE set.

TPB Institution Letter Enter/Edit Option [PSO TPB INSTITUTION LETTERS]

A new stand-alone option, *TPB Institution Letter Enter/Edit*, is assigned to users whom the local site has designated to set up the Dear Veteran letter for the TPB program.

Note: If the physical address, phone numbers, and/or VAMC director information is incomplete the user receives a warning. The user must complete this data before printing the Dear Veteran letters.

This option customizes sections of the Dear Veteran letter as described below.

- **Physical Address** — Address that appears at the top of the letter. The user may accept or change defaults that may be populated for the address fields from the INSTITUTION file (#4) from Address Line 1, Address Line 2, City, State and Zip code.
- **Parent** — Field used to re-map institutions, such as Community Based Outpatient Clinic (CBOCs) to a parent institution for the purpose of providing proper letter heading, local contact phone number(s), and director's signature block.

Once the post-install has completed, the TPB INSTITUTION LETTERS file (#52.92) is auto-created based on the institutions associated with the patients in the TPB ELIGIBILITY file (#52.91). This auto-create populates the address fields, city, state, and zip code fields. Entries manually added in the TPB INSTITUTION LETTERS file do not update this data from the INSTITUTION file (#4).

If a parent institution is entered for a TPB Institution, the site-specific letter information is pulled from the parent TPB Institution entry. If a site has entered a parent for any TPB Institution, the user must select that TPB Institution when printing letters by institution.

Selecting the parent TPB Institution does not automatically generate TPB Dear Veteran letters for its children.

- **Mailing Address** — TPB Forms Return Address for the VA facility (address where patient mails back forms and prescriptions). This address may be the same as or different from the physical address. If the mailing address is complete, that address is the address printed in the body of the letter. If the mailing address is missing, the physical address prints in the body of the letter.
- **Contact Phone 1** and **Contact Phone 2** — Phone numbers the patient can call to ask questions related to the TPB program. One number is needed; however, the user may enter two numbers.
- **Directors Signature Block** — Director's name and title prints at the bottom of the letter.

Note: The user can enter/edit data displayed except for the Institution.

Print TPB Patient Letter(s) Option [PSO TPB PRINT LETTERS]

A new stand-alone option, *TPB Patient Letter(s) Print*, is assigned to users whom the local site designates to print the Dear Veteran letter specific for the TPB program. This option prints the letter by patient, institution(s), or letters that have not previously printed. Letters will not print for patients who have a present or past date in the INACTIVATION OF BENEFIT DATE field of the TPB ELIGIBILITY file.

The print options are as follows:

- Print all letters that have not printed
- Print letter by a patient or multiple patients
- Print by institution (all, one, or a selection)

The Print all letters that have not printed by patient alphabetically print letters, sorted by institution, for those patients who do *not* have an INACTIVATION OF BENEFIT DATE or DATE LETTER PRINTED in the TPB ELIGIBILITY file.

The Print letter by a patient or multiple patients alphabetically prints letters sorted by institution if multiple patients are selected. Letters print for those patients who do *not* have an INACTIVATION OF BENEFIT DATE in the TPB ELIGIBILITY file.

If the user selects Print by institution (all, one, or a selection), he or she can choose (P) Printed, (N) Non-printed, or (B) Both. Letters print for those patients who do *not* have an INACTIVATION OF BENEFIT DATE in the TPB ELIGIBILITY file.

A summary report prints with a count of the letters printed using the DATE LETTER PRINTED field in the TPB ELIGIBILITY file, including a count by INSTITUTION.

Report TPB Patients Letters Printed/NOT Printed [PSO TPB LETTERS PRINTED REPORT]

With the stand-alone option, *Report TPB Patients Letters Printed/NOT Printed*, users can print a report that lists patients for whom letters printed, sorted by INSTITUTION. In addition, users can print a report that lists patients for whom letters were not printed.

The user selects one of the following:

- Patients/Letters Printed
- Patients/Letters NOT Printed

When the user chooses the “Patients/Letters Printed (P)” selection, the report lists veterans’ names from the TPB ELIGIBILITY file for whom a date is entered into the DATE LETTER PRINTED field. The report, sorted by institution, lists the veteran’s name alphabetically and the date the last letter was printed for the patient.

When the user selects the “Patients/Letters NOT Printed (N)” selection, the report lists the veterans’ names from the TPB ELIGIBILITY file for whom the DATE LETTER PRINTED field is null.

This report contains the following data elements:

- Institution
- Patient Name
- Inactivation Date (“inactivation of benefit date” for the patient)
- Reason (Inactivation Reason; reason patient is no longer active for the TPB program)
- Exclusion Reason (if appropriate)

At the end of each report is a summary of the number of names on the list by institution.

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